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TAGS: SOCI EAID PGOV PREL BH
SUBJECT: HIV/AIDS IN BELIZE

¶1. Summary: A forum on HIV/AIDS funding addressed an overview of the epidemic in Belize, a critique of the government's response, and an assessment of current challenges. Donor groups agreed to work together to prod the government towards a more effective delivery of HIV/AIDS services. End Summary.

¶2. On March 27 the Inter-American Development Bank (IDB) hosted at Embassy's request a forum on donor coordination for HIV/AIDS funding in Belize. The donors agreed to establish a group to coordinate funding and to address the government directly in order to provide a more effective delivery of HIV/AIDS services. The IDB has funded a project for consultants to analyze Belize's national response to HIV/AIDS and the donors agreed to work together on the report's recommendations to strengthen the national response to HIV/AIDS in Belize.

Overview of the epidemic

¶3. According to the Ministry of Health, between 1986 and 2006, there were 3,865 new cases of HIV infection in Belize out of a population of approximately 270,000. There were steep percentage increases reported from 1986 until 2002. Over the past four years the numbers leveled off and Belize has averaged 400-450 new cases per year. Increased reporting capacity and the advent of free testing are believe to have impacted the rapid increase and subsequent plateau in the real numbers of individuals being infected with HIV.

¶4. Recent prevalence rate estimates were complied by the World Health Organization based on data collected in 2003. According to the report, the estimates were based on "very limited" information that demonstrated a prevalence rate of 2.4 percent - the highest in Central America. Eighty percent of all cases were reported in the Belize district (which includes Belize City, the country's commercial capital) where just under half of Belize's population resided.

¶5. The epidemic was generalized and women were currently infected on a rate par with men. This was a drastic change. Earlier studies showed that men were five times more likely to be infected. Within gender, older men (ages 35 and older) and younger women (ages 15-29) suffered the highest rates of infection. While there was little information on population groups, it appears that the Garifuna ethnic group was hardest hit by the epidemic with prevalence rates estimated as high as 8 percent.

Government of Belize's response

¶6. The Government of Belize was at the forefront of nations in its willingness to address the problem early in an open and straightforward manner. The Ministry of Health responded quickly by forming a national AIDS program in 1987 and in 2000 the government appointed the National AIDS Commission to coordinate and monitor the prevention and control of the disease.

¶7. The Ministry of Health has established twelve voluntary counseling and testing centers across the country. Each center employs one nurse and one counselor who provide free testing and counseling services. Additionally, there are numerous private hospitals and clinics that also provided testing and counseling. The Ministry also provides free access to anti-retroviral therapy for those who qualify and currently more than 400 people are receiving anti-retroviral treatment.

¶8. Belize's single largest donor program is the Global Fund which has approved $2.4 million of funding. The USG, through multiple sources, is the largest overall donor to Belize.

Current Challenges

¶9. The information collection system including testing statistics, infection rate compilation, and coordination of work being done in Belize is incomplete and inconsistent. Most groups working in this area - including government agencies - realize that this has been a major challenge.

¶10. More than half of all funds received by the Ministry of Health were spent on "first line" anti-retroviral medications. However, Belize currently has no way of monitoring or testing patients receiving treatment. The non-adherence rate is very high and the medications have had a low rate of effectiveness. When the

medication was not taken properly patients developed resistance and then needed to move on to "second line" medications, which can be 10 to 20 times more expensive than the "first line" medications. Because the monitoring of the initial treatment was ineffective, there has been a scramble for expensive second line medication funding that would not have been necessary if effective monitoring had been established at the outset.

¶11. Research has indicated that people are not being tested or are not effectively taking treatment due to the stigma associated with the disease. This affects data collection. In an effort to address confidentiality concerns, there are clinics that will conduct

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testing "off the books" and exclude these tests from their reports. The Ministry of Health estimates that, due to stigma concerns, approximately two-thirds of all eligible patients have not chosen to receive free treatment.

Comment

¶12. Belize tends to emphasize overarching themes, generalized solutions, and a "big picture" approach to combating HIV/AIDS. While this has resulted in strategic plans and comprehensive legislation, it appears to be at the neglect of pragmatic, results-oriented service delivery. There is good work being done but the numerical size and scope of the problem should allow for a more effective management and coordination of service delivery. We will continue to work with the GOB and other donors to find the most effective way to focus U.S. spending where it will do the most good.

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